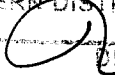


IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT WESTERN OF TEXAS  
PECOS, DIVISION

FILED

DEC 29 2014

FORM TO BE USED BY PRISONER IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY  DEPUTY CLERK

ANDRES REYNA MARES, JR.  
BOP. # 25048-177  
Plaintiff Name and Number

R.C.D.C. I-II  
P.O. BOX 1560  
PECOS, TEXAS 79772  
Place of Confinement

CASE NO. P-14 CV-94  
(Clerk will assign the Number)

V.

WARDEN, F.C.I. FORT WORTH, TEXAS  
MR. WILLIAMSON, MEDICAL DIRECTOR  
MS. WOODER, PHYSICAL THERAPIST

F.C.I. FORT WORTH  
P.O. BOX 15330  
FORT WORTH, TEXAS 79119  
Defendant's Name and Address

DOCTOR, BRIAN G WEBB.  
F.C.I. MEDICAL CONTRACTOR

UNIVERSITY OF NORTH TEXAS  
855 MONTGOMERY ST  
FORT WORTH, TEXAS 76106  
Defendant Name and Address

WARDEN , REEVES COUNTY DETENTION CENTER  
(I-II), BUREAU OF PRISONS, GEO GROUP  
AND MEDICAL DEPARTMENT

R.C.D.C. I-II  
P.O. BOX 1560  
PECOS, TEXAS 79772  
Defendant's Name and Address

INSTRUCTIONS-READ CAREFULLY

NOTICE:  
YOUR COMPLAINT IS SUBJECT TO DISMISSAL UNLESS IT CONFORMS TO THESE  
INSTRUCTION AND THIS FORM.

- 1) TO START AN ACTION YOU MUST FILE AN ORIGINAL AND ONE COPY OF YOU COMPLAINT WITH THE COURT. YOU SHOULD KEEP A COPY OF THE COMPLAINT FOR YOUR RECORDS.

- 2) YOUR COMPLAINT MUST BE LEGIBLY HANDWRITTEN, IN INK, OR TYPEWRITTEN. YOU, THE PLAINTIFF, MUST SIGN AND DECLARE UNDER PENALTY OF PERJURY THAT THE FACTS ARE CORRECT. IF YOU NEED ADDITIONAL SPACE, **DO NOT USE THE REVERSE SIDE OF ANY PAGE**. ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
- 3) YOU MUST FILE A SEPARATE COMPLAINT FOR EACH CLAIM YOU HAVE UNLESS THE VARIOUS CLAIMS ARE RELATED TO THE SAME INCIDENT OR ISSUE OR ARE ALL AGAINST THE SAME DEFENDANT, RULE 18, FEDERAL RULES OF CIVIL PROCEDURE. MAKE A SHORT AND PLAIN STATEMENT OF YOUR CLAIM, RULE 8, FEDERAL RULES OF CIVIL PROCEDURE.
- 4) WHEN THESE FORMS ARE COMPLETED, MAIL THE ORIGINAL AND ONE COPY TO THE CLERK OF THE UNITED STATES COURT FOR THE APPROPRIATE DISTRICT OF TEXAS IN THE DIVISION WHERE ONE OR MORE NAMES DEFENDANTS ARE LOCATED, OR WHERE THE INCIDENT GIVING RISE TO YOUR CLAIM FOR RELIEF OCCURRED. THE LIST LABELED AS "**VENUE LIST**" IS POSTED IN YOUR UNIT LAW LIBRARY. IT IS A LIST OF THE TEXAS PRISON UNITS INDICATING THE APPROPRIATE DISTRICT COURT, THE DIVISION AND AN ADDRESS LIST OF THE DIVISIONAL CLERKS.

#### **FILING FEE AND IN FORMA PAUPERIS**

- 1) IN ORDER FOR YOUR COMPLAINT TO BE FILED, IT MUST BE ACCOMPANIED BY THE FILING FEE OF \$150.00.
- 2) IF YOU DO NOT HAVE THE NECESSARY FUNDS TO PAY THE FILING FEE AT THIS TIME, YOU MAY REQUEST PERMISSION TO PROCEED IN **FORMA PAUPERIS**. IN THIS EVENT YOU MUST COMPLETE THE APPLICATION TO PROCEED IN **FORMA PAUPERIS** (IFP), SETTING FORTH INFORMATION TO ESTABLISH YOUR INABILITY TO PREPAY THE FEES AND COSTS OR GIVE SECURITY THEREFOR. YOU MUST ALSO INCLUDE A CURRENT SIX (6) MONTHS HISTORY OF YOUR INMATE ACCOUNT. YOU CAN ACQUIRE THE APPLICATION TO PROCEED (IFP) AND APPROPRIATE INMATE ACCOUNT CERTIFICATE FROM THE LAW LIBRARY AT YOUR PRISON UNIT.
- 3) 28 U.S.C. 1915, AS AMENDED BY THE LITIGATION REFORM ACT OF 1995 (PLRA), PROVIDES, "... IF A PRISONER BRINGS A CIVIL ACTION OR FILES AN APPEAL IN **FORMA PAUPERIS**, THE PRISONER SHALL BE REQUIRED TO PAY THE FULL AMOUNT OF A FILING FEE." THUS, THE COURT IS REQUIRED TO ASSESS AND, WHEN FUNDS EXIST, COLLECT, THE ENTIRE FILING FEE OR AN INITIAL PARTIAL FILING FEE MONTHLY INSTALLMENT UNTIL THE ENTIRE AMOUNT OF THE FILING FEE HAS BEEN PAID BY THE PRISONER. IF YOU SUBMIT THE APPLICATION TO PROCEED IN **FORMA PAUPERIS**, THE COURT WILL APPLY 28 U.S.C. 1915. AND, IF APPROPRIATE, ASSESS AND COLLECT THE ENTIRE FILING FEE OR AN INITIAL PARTIAL FILING FEE, THEN MONTHLY INSTALLMENTS FROM YOUR INMATE ACCOUNT UNTIL THE ENTIRE \$ 150.00. FILING FEE HAS BEEN PAID.
- 4) IF YOU INTEND TO SEEK IN **FORMA PAUPERIS** STATUS, THEN DO NOT SEND YOUR COMPLAINT WITHOUT AN APPLICATION TO PROCEED **IFP**, AND THE CERTIFICATE OF INMATE TRUST ACCOUNT. COMPLETE ALL THE ESSENTIAL PAPERWORK BEFORE SUBMITTING IT TO THE COURT.
- 5) THE COMPLAINT CAN NOT EXCEED 20 PAGES WHICH INCLUDES ALL ATTACHMENTS.

## CHANGE OF ADDRESS

IT IS YOUR RESPONSIBILITY TO INFORM THE COURT OF ANY CHANGE OF ADDRESS AND ITS EFFECTIVE DATE. SUCH NOTICE SHOULD BE MARKED " NOTICE TO THE COURT OF CHANGE OF ADDRESS " AND SHALL NOT INCLUDE ANY MOTION (S) FOR ANY OTHER RELIEF. FAILURE TO FILE A NOTICE TO THE COURT OF CHANGE OF ADDRESS MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT PURSUANT TO RULE 41(b), FEDERAL RULES OF CIVIL PROCEDURE.

### I. PREVIOUS LAWSUITS:

A. HAVE YOU FILED ANY OTHER LAWSUITS IN STATES OR FEDERAL COURT RELATING TO YOUR IMPRISONMENT? YES X NO

B. IF YOUR ANSWER TO " A," DESCRIBE EACH LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, GIVING THE SAME INFORMATION.)

1. APPROXIMATE DATE OF FILING LAWSUIT \_\_\_\_\_
2. PARTIES TO PREVIOUS LAWSUIT:  
PLAINTIFF (S) \_\_\_\_\_  
DEFENDANT (S) \_\_\_\_\_
3. COURT: (IF FEDERAL, NAME THE DISTRICT; IF STATE, NAME THE COUNTRY.) \_\_\_\_\_
4. DOCKET NUMBER: \_\_\_\_\_
5. NAME OF JUDGE TO WHOM CASE WAS ASSIGNED \_\_\_\_\_
6. DISPOSITION: (WAS THE CASE DISMISSED, APPEALED, STILL PENDING?) \_\_\_\_\_
7. APPROXIMATE DATE OF DISPOSITION: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: \_\_\_\_\_

III. EXHAUSTION OF GRIEVANCE PROCEDURES: \_\_\_\_\_

HAVE YOU EXHAUSTED BOTH STEPS OF THE GRIEVANCE PROCEDURE IN THIS INSTITUTION? X YES NO

ATTACH A COPY OF THE STEP 2 GRIEVANCE WITH THE RESPONSE SUPPLIED BY THE PRISON SYSTEM.

### IV. PARTIES TO THIS SUIT:

A. NAME AND ADDRESS OF PLAINTIFF: ANDRES REYNA MARES, Jr.  
98 W. COUNTRY RD. 204 P.O. BOX 1560 PECOS, TEXAS. U.S. 79772.

B. FULL NAME OF EACH DEFENDANT, HIS OFFICIAL POSITION, HIS PLACE OF EMPLOYMENT, AND HIS FULL MAILING ADDRESS.

DEFENDANT # 1: THE WARDEN OF F.C.I. FORT WORTH MEDICAL FACILITY, LOCATED AT P.O. BOX 15330 FORT, TEXAS 76119. WHO AT THE TIME RELEVANT HERETO, WAS ASSIGNED BY B.O.P AS WARDEN. FAILED TO ISSUE A MEDICAL HOLD AND TRANSFER THE PLAINTIFF FOR RE-EVALUATION OF HIS SHOULDER FROM HIS PRIOR SURGERY.

**DEFENDANT #2:** MR. WILLIAMSON, DIRECTOR OF MEDICAL DEPARTMENT AT F.C.I. FORT WORTH MEDICAL FACILITY, LOCATED AT P.O. BOX 15330, FORT WORTH, TEXAS. 76119, WHO AT THE TIME RELEVANT HERETO, WAS IN CHARGE OF THE F.C.I. FEDERAL MEDICAL CLINIC. THE MEDICAL DEPARTMENT FAILED AND DEPRIVED HIM OF APPROPRIATE MEDICAL ATTENTION TO HIS SHOULDER. PLAINTIFF CONTINUED SUFFERING FROM PAIN AND RECEIVED NO MEDICAL ATTENTION. HE NEEDS A RE-EVALUATION OF HIS PRIOR SURGERY AS RECOMMENDED AND ORDER BY DOCTOR BRIAN G. WEBB AT FORT WORTH, TEXAS HOSPITAL.

(Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you).

**DEFENDANT #3:** MS. WOODER, PHYSICAL THERAPIST AT F.C.I. FORT WORTH MEDICAL FACILITY, LOCATED AT P.O. BOX 15330, FORT WORTH, TEXAS 79119, AND WHO AT ALL TIMES RELEVANT HERETO WAS ASSIGNED BY THE B.O.P. AS PHYSICAL THERAPIST SHE DENIED PLAINTIFF THE NEEDED PHYSICAL THERAPY ATTENTION DESPITE MANY SICK-CALLS FOR PAIN IN HIS SHOULDER THAT WAS AND IS CAUSING MAJOR PROBLEMS THAT HE IS UNABLE TO USE HIS LEFT SHOULDER. MS. WOODER, PHYSICAL THERAPIST, FAILED TO ISSUE A MEDICAL HOLD AND STOP THE TRANSFER FOR RE-EVALUATION OF HIS SHOULDER BECAUSE MS. WOODER KNEW THAT HE NEEDED THE M.R.I. OR THE CAT-SCAN ORDERED BY DOCTOR, DOCTOR BRIAN G. WEBB.

(Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you).

**DEFENDANT #4:** DOCTOR, BRIAN G. WEBB. ORTHOPAEDIC SURGERY, AS A CONTRACTOR OF THE F.C.I. FORT WORTH, MEDICAL FACILITY. LOCATED AT UNIVERSITY OF NORTH TEXAS 885 MONTGOMERY ST. FORT WORTH, TX 76106 AND WHO AT THE TIMES RELEVANT HERE TO WAS ASSIGNED BY THE B.O.P. AS A DOCTOR ORTHOPAEDIC SURGERY. REINA IS IN PAIN IN HIS SHOULDER THAT IS CAUSING MAJOR PROBLEMS THAT HE IS UNABLE TO LIFT HIS LEFT SHOULDER AND UNABLE TO LIFT HIS LEFT ARM-UP BECAUSE DOCTOR BRIAN G. WEBB DID A MAL-PRACTICE SURGERY IN REYNA LEFT SHOULDER.

(Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you).

**DEFENDANT #5:** THE WARDEN OF REEVES COUNTY DETENTION CENTER LOCATED AT 98 WEST COUNTY RD. 204, P.O. BOX 1560 PECOS, TX. 79772, AND WHO AT ALL TIMES RELEVANT HERETO, WAS ASSIGNED BY G.E.O. GROUP AS WARDEN DENIED PLAINTIFF THE NECESSARY MEDICAL ATTENTION. DESPITE SEVERAL SICK-CALLS TO HIS SHOULDER INJURY, AND REQUESTS FOR MEDICAL RECORDS WAST IGNORED BY THE MS. TABOY MEDICAL DIRECTOR, THE WARDEN AND MEDICAL STAFF.

(Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you).

**DEFENDANT #6:** MEDICAL DEPARTMENT AT REEVES COUNTY DETENTION CENTER, LOCATED AT 98 WEST COUNTY RD, #204, P.O. BOX 1560 PECOS, TEXAS 79772, AND WHO AT ALL TIMES RELEVANT HERETO, WAS ASSIGNED BY G.E.O. GROUP, AND DENIED DEPRIVED PLAINTIFF OF APPROPRIATE MEDICAL ATTENTION. PLAINTIFF HAD INFORMED THAT HE IS SUFFERING FROM HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND DIABETES; HE HAD ALSO INFORMED THE MEDICAL DEPARTMENT THAT HE NOT RECEIVING THE NEEDED MEDICAL CARE FOR HIS LEFT SHOULDER AND AS A RESULT OF WHICH WAS SUFFERING FROM MUCH PAIN AND DISCOMFORT.

(Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you).

**DEFENDANT #7:** R.C.D.C. I-II WHERE HE IS CURRENTLY INCARCERATE, LOCATED AT P.O. BOX 1560, PECOS, TX. 79772, HAS DENIED AND DEPRIVED HIM OF ADEQUATE MEDICAL ATTENTION, WHICH IS IN VIOLATION OF HIS DUE PROCESS CLAUSES OF FIFTH AND FOURTEENTH AMENDMENTS BY NOT PROVIDING THE APPROPRIATE MEDICAL CARE FOR HIS PAINFUL SHOULDER, DIABETES, CHOLESTEROL AND HIGH BLOOD PRESSURE.

DEPRIVED HIM OF APPROPRIATE MEDICAL CARE, AFTER BEING TRANSFERRED FROM F.C.I. FEDERAL CORRECTION INSTITUTION, FROM FORT WORTH, MEDICAL FACILITY PLAINTIFF HAD REQUESTED ALL HIS MEDICAL RECORDS AND HAS BEEN DENIED BY REEVES COUNTY DETENTION CENTER COMPLEX I-II. PLAINTIFF HAD REQUESTED FROM THE HEALTH DEPARTMENT AND MS. TABOY, HIS RECORDS BUT WAS DENIED BY MS. TABOY MEDICAL DIRECTOR AND MEDICAL STAFF. THE ONLY EVIDENCE THAT PLAINTIFF HAS IS THE # 1 REQUEST, # 2 INMATE INMATE INFORMAL RESOLUTION FORM, # 3 INMATE GRIEVANCE ROFM, AND # 4 INMATE ALL ADMINISTRATIVE REMEDIES AND STILL DENIED; NOT OTHER RESPONSE HAS BEEN RECEIVED FROM THE ASSISTANT WARDEN, OR BY THE MEDICAL DEPARTMENT NOR BY THE GEO GROUP.

(Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.)

**DEFENDANT # 8:** "GEO GROUP" IS AT THIS TIME THE RELEVANT HERETO PRISON WHERE PLAINTIFF WAS IN CUSTODY, AT FEDERAL CORRECTION INSTITUTION F.C.I. FORT WORTH, TX. P.O. BOX 15330. FORT WORTH TEXAS. 76119. AND HAS BEEN TRANSFERRED TO AND CURRENTLY IN CUSTODY AT R.C.D.C. LOCATED AT 98, WEST COUNTY RD, 204, P.O. BOX 1560. PECOS, TEXAS. 79772 PLAINTIFF HAS BEEN DENIED AND DEPRIVED OF ADEQUATE MEDICAL ATTENTION AND IS A VIOLATION OF HIS DUE PROCESS CLAUSES OF THE FIFTH AND FOURTEENTH AMENDMENTS BY NOT PROVIDING APPROPRIATE MEDICAL CARE FOR PAINFUL SHOULDER PROBLEMS, DEPRIVING HIM FROM GIVING ATTENTION TO HIS SHOULDER. PLAINTIFF WAS THE PATIENT WHO HAD A LEFT SHOULDER SURGERY. DOCTOR BRIAN G. WEBB, HE IS THE DOCTOR DID THE SURGERY AT TERRANT COUNTY HOSPITAL DISTRICT AND SURGERY HOSPITAL OF HOSPITAL OF ARLINGTON TEXAS, AFTER BEING TRANSFERRED FROM (F.C.I. FORT WORTH MEDICAL FACILITY TO R.C.D.C. I-II. PLAINTIFF HAD REQUESTED ALL HIS MEDICAL RECORDS AND MEDICAL CARE FROM R.C.D.C AND HAS BEEN DENIED BY THE MEDICAL STAFF AND MS. TABOY, MEDICAL DIRECTOR. THE ONLY EVIDENCE THAT MR. REYNA, Jr. HAS IS THE COPIES OF THE REQUESTS HE SENT TO DIFFERENT DEPARTMENTS. NO OTHER RESPONSE HAS BEEN RECEIVED FROM SR. WARDEN, ASSISTANT WARDEN, MEDICAL DEPARTMENT NOR BY GEO GROUP. AFTER BEEN TRANSFERRED TO R.C.D.C. HE HAS HURTING AND SUFFERING PAINFUL SHOULDER PROBLEMS, R.C.D.C. DEPRIVED HIM THE NEEDED TREATMENT.

(Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.)

**DEFENDANT # 9:** THE BUREAU OF PRISONS OF TEXAS, THE GEO GROUP FACILITY HAS CONTRACTED WITH THE BUREAU OF PRISONS TO DETAIN PRISONERS AND HAS DENIED AND DEPRIVED PLAINTIFF ADEQUATE MEDICAL ATTENTION WHICH IS A VIOLATION OF HIS DUE PROCESS CLAUSE OF THE FIFTH AND FOURTEENTH AMENDMENT BY NOT PROVIDING MEDICAL CARE FOR PAINFUL SHOULDER PROBLEMS, HE IS UNABLE TO MOVE AND USE HIS ARM AND SHOULDER. PLAINTIFF HAD REQUESTED THE MEDICAL RECORDS FOR HIS SURGERY IN HIS SHOULDER AND WAS DENIED BY MEDICAL STAFF. THE ONLY EVIDENCE THAT REYNA HAS IS THE COPIES OF THE REQUESTS HE SENT TO DIFFERENT DEPARTMENTS.

(Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.)

#### **V. STATEMENT OF CLAIM:**

STATE HEREIN A SHORT AND PLAIN STATEMENT THE FACTS OF YOUR CASE, THAT IS, WHAT HAPPENED, WHERE DID IT HAPPEN, WHEN DID HAPPEN, AND WHO WAS INVOLVED DESCRIBE HOW EACH DEFENDANT IS INVOLVED. YOU NEED NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU INTEND TO ALLEGE A NUMBER OF RELATED CLAIMS NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. ATTACH EXTRA PAGES IF NECESSARY, BUT REMEMBER THAT THE COMPLAINT MUST BE STATED BRIEFLY AND CONCISELY IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

THE (GEO) FACILITY HAS CONTRACTED WITH THE BUREAU OF PRISONS DEPT. TO DETAIN AND HOLD PRISONERS. PLAINTIFF HAS BEEN SUFFERING FROM LEFT SHOULDER PAIN, HIGH BLOOD PRESSURE, CHOLESTEROL, AND DIABETES. PLAINTIFF WAS TRANSFERRED FROM F.C.I. FORT WORTH MEDICAL FACILITY, AND HAD BEEN DENIED ADEQUATED MEDICAL ATTENTION IN R.C.D.C.I-II. PLAINTIFF ARRIVED AT REEVES COUNTY DETENTION CENTER, REQUESTING ATTENTION FOR HIS SHOULDER AND WAS DENIED, THIS DERIVING HIM OF APPROPRIATE MEDICAL CARE AND PHYSICAL THERAPY FOR OVER (8) MONTHS THAT HE WAS UNDERGOING EVERY DAY BEFORE HIS TRANSFER  
SEE ATTACHMENT " A " ( PAGE # 9 )

**VI. RELIEF:** STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MADE NO LEGAL ARGUMENTS. CITE NO CASES OR STATUTES.

TO ASSESS COMPENSATORY DAMAGES AGAINST (F.C.I.) FORT WORTH MEDICAL FACILITY AS A DEFENDANT IN THE AMOUNT OF \$ 1,200,000 FOR UNNECESSARY PAIN AND ANOTHER \$ 1,500,000 FOR MENTAL SUFFERING AND COMPENSATORY DAMAGES AGAINST (GEO GROUP) REEVES COUNTY DETENTION CENTER, THE MEDICAL DEPT AS A DEFENDANT IN THE AMOUNT OF \$ 800,000 FOR UNNECESSARY PAIN AND ANOTHER \$ 800,000 FOR MENTAL SUFFERING PURSUANT TO RULE 28 OF THE FEDERAL RULE OF CIVIL PROCEDURE.

PLAINTIFF HEREIN DEMANDS A JURY TRIAL ON ALL ISSUES TRIABLE BY RIGHT TO JURY IN THIS CASES OF ACTION; PERMANENTLY ENJOIN THE PRACTICE OF THE (F.C.I.) MEDICAL FACILITY FORT WORTH, TX. AND EMPLOYEES FROM PLACING PRISONER IN, INADEQUATE FACILITY WHICH SUBJECTS PLAINTIFF TO UNREASONABLE RISK OF HARM, INJURY, ANGUISH, PAIN AND MENTAL SUFFERING CONSTANTLY.

**VII. GENERAL BACKGROUND INFORMATION:**

A) STATE, IN COMPLETE FORM, ALL NAMES YOU HAVE EVER USED OR BEEN KNOWN BY INCLUDING ANY AND ALL ALIASES:

WARDEN, FROM (F.C.I) FORT WORTH, TX. Mr. WILLIAMSON, MEDICAL DIRECTOR. Ms. WOODER, PHYSICAL THERAPIST, HEALTH DEPARTMENT DIRECTOR, AND Ms. IVORY, WITH THE OBLIGATION OF UNIT MANAGER.

WARDEN, FROM REEVES COUNTY DETENTION CENTER COMPLAX I-II, Ms. TABOY, MEDICAL DIRECTOR, MEDICAL DEPARTMENT, AND Ms. FONTAN WITH THE OBLIGATION OF UNIT MANAGER AND THE (GEO GROUP).

B) LIST ALL TDCJ-ID IDENTIFICATION NUMBERS YOU HAVE EVER BEEN ASSIGNED AND ALL OTHER STATE OR FEDERAL PRISONS OR F.B.I. NUMBERS EVER ASSIGNED TO YOU, IF KNOWN TO YOU.

- 1). FEDERAL PRISON NUMBER # 25048-177
- 2). F.B.I. NUMBER #532395HA7

**VIII. SANCTIONS:**

A) HAVE YOU BEEN SANCTIONED BY ANY COURT AS A RESULT OF ANY LAWSUIT YOU HAVE FILED?       YES X       NO

B) IF YOU ANSWER IS "YES" GIVE THE FOLLOWING INFORMATION FOR EVERY LAWSUIT IN WHICH SANCTIONS WERE IMPOSED. ( IF MORE THAN ONE, USE ANOTHER PIECE OF PAPER AND ANSWER THE SAME QUESTION.)

1. COURT THAT IMPOSED SANCTION (IF FEDERAL, GIVE THE DISTRICT AND DIVISION): \_\_\_\_\_
2. CASE NUMBER: \_\_\_\_\_
3. APPROXIMATE DATE SANCTIONS WERE IMPOSED: \_\_\_\_\_
4. HAVE THE SANCTION BEEN LIFTED OR OTHERWISE SATISFIED? YES NO

C) HAS ANY COURT EVER WARNED OR NOTIFIED YOU THAT SANCTIONS COULD BE IMPOSED? YES NO

D) IF YOUR ANSWER IS "YES", GIVE THE FOLLOWING INFORMATION FOR EVERY LAWSUIT IN WHICH WARNING WAS IMPOSED. (IF MORE THAN ONE, USE ANOTHER PIECE OF PAPER AND ANSWER THE SAME QUESTIONS.)

1. COURT THAT IMPOSED SANCTIONS (IF FEDERAL, GIVE THE DISTRICT AND DIVISION): \_\_\_\_\_
2. CASE NUMBER: \_\_\_\_\_
3. APPROXIMATE DATE SANCTIONS WERE IMPOSED: \_\_\_\_\_

EXECUTED ON \_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PLAINTIFF

#### PLAINTIFF'S DECLARATION

1. I DECLARE UNDER PENALTY OF PERJURY ALL FACTS PRESENTED IN THIS COMPLAINT AND ATTACHMENTS THERETO ARE TRUE AND CORRECT.
2. I UNDERSTAND IF I AM RELEASED OR TRANSFERRED, IT IS MY RESPONSIBILITY TO KEEP THE COURT INFORMED OF MY CURRENT MAILING ADDRESS AND FAILURE TO DO SO MAY RESULT IN THE DISMISSAL OF THIS LAWSUIT.
3. I UNDERSTAND THAT I MUST EXHAUST ALL AVAILABLE ADMINISTRATIVE REMEDIES PRIOR TO FILING THIS LAWSUIT.
4. I UNDERSTAND I AM PROHIBITED FROM BRINGING AN IN FORMA PAUPERIS LAWSUIT IF I HAVE BROUGHT THREE OR MORE CIVIL ACTION IN A COURT OF THE UNITED STATES WHILE INCARCERATED OR DETAINED IN ANY FACILITY, WHICH LAWSUITS WERE DISMISSED ON THE GROUND THEY WERE FRIVOLOUS, OR FAILED TO STATE A CLAIM UPON WHICH RELIEF MAY BE GRANTED, UNLESS I AM UNDER IMMINENT DANGER OF SERIOUS PHYSICAL INJURY.
5. I UNDERSTAND EVEN IF I AM ALLOWED TO PROCEED WITHOUT PREPAYMENT OF COSTS, I AM RESPONSIBLE FOR THE ENTIRE \$ 150.00. FILING FEE AND COSTS ASSESSED BY THE COURT, WHICH SHALL BE DEDUCTED IN ACCORDANCE WITH THE LAW FROM MY INMATE ACCOUNT BY MY CUSTODIAN UNTIL THE FILING FEE IS PAID.

SIGNED September DAY OF 30 2014.

Rupin Jr  
SIGNATURE OF PLAINTIFF

WARNING: The plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

**CERTIFICATE OF SERVICE**


CASE NAME: ANDRES REYNA MARES, JR. V. WARDEN, F.C.I. FORT WORTH MEDICAL FACILITY, MR. WILLIAMSON, MEDICAL DIRECTOR FROM F.C.I. FORT WORTH MEDICAL FACILITY, MS. WOODEY, PHYSICAL THERAPIST FROM F.C.I. FORT WORTH MEDICAL FACILITY, AND DOCTOR BRIAN G. WEBB, AS MEDICAL CONTRACTOR FROM F.C.I. FORT WORTH MEDICAL FACILITY, ET, AL. LOCATED AT F.C.I. FORT WORTH MEDICAL FACILITY, P.O. BOX 15330 FORT WORTH, TEXAS 79119.  
LOCATED DOCTOR BRIAN G. WEBB, F.C.I. MEDICAL CONTRACTOR AT 885 MONTGOMERY ST, FORT WORTH, TEXAS 76106.

CASE NAME: ANDRES REYNA MARES, JR. V. WARDEN, BOBBY THOMPSON, FROM REEVES COUNTY DETENTION CENTER COMPLEX (I-II), BUREAU OF PRISONS (GEO GROUP), MS. TABOY, MEDICAL DIRECTOR, (GEO GROUP), MEDICAL DEPARTMENT (GEO GROUP), ET, AL.  
ALL LOCATED AT REEVES COUNTY DETENTION CENTER (I-II) P.O. BOX 1560 PECOS, TEXAS 79772.

CASE NAME: ANDRES REYNA MARES, JR. AS A PLAINTIFF REQUEST THE COURT CLERK TO SERVED EACH DEFENDANT A COPY OF THE LAWSUIT.

I CERTIFY THAT A COPY OF THE COMPLAINT AND DEMAND FOR JURY TRIAL AND ITS ATTACHED(S) WAS SERVED, EITHER IN PERSON OR BY MAIL, ON THE PERSON(S) LISTED BELOW.

DATE: December 22/2014

  
\_\_\_\_\_  
ANDRES REYNA MARES, JR.  
REG.# 25048-177 (PRO-SE)  
R.C.D.C. I-II  
P.O. BOX 79772  
PECOS, TEXAS 79772

TO:  
UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
410 S. CEDAR ST.  
PECOS, TEXAS 79772

TO:  
UNITED STATES ATTORNEY'S OFFICE  
UNITED STATES COURTHOUSE  
410 S. CEDAR ST, ROOM 255  
PECOS, TEXAS 79772

OFFICE OF THE CLERK



ATTACHMENT " A "  
FROM PAGE (6)

ANDRES REYNA MARES, Jr.  
BOP # 25048-177  
P.O. BOX 1560  
PECOS, TEXAS. 79772.

REYNA HAS SENT REQUESTS AND ALL ADMINISTRATIVE REMEDIES TO THE MEDICAL DEPT, AND THE WARDEN ( SEE ATTACHMENTS ) ALL REQUESTS AND ADMINISTRATIVE REMEDIES FILED BY PLAINTIFF TO DIFFERENT DEPARTMENTS.

ANDRES REYNA HAS BEEN DIAGNOSED WITH **JOINT ARTHROSIS AND AC SEPARATION HERE AT REEVES COUNTY DETENTION CENTER I-II.**

PLAINTIFF NEED MEDICAL ATTENTION IN HIS SHOULDER AND IS NOT RECEIVING ANY ATTENTION OR PHYSICAL THERAPY FOR OVER (8) MONTHS AFTER HIS DIAGNOSIS OF **JOINT ARTHROSIS AND JOINT SEPARATION.**

PLAINTIFF HAS INFORMED MEDICAL STAFF THAT HE IS SUFFERING FROM PAINFUL SHOULDER, HIGH BLOOD PRESURE, CHOLESTEROL, AND BIABETES, AND ALSO HAS INFORMED THAT HE IS IN PAIN AND **UNABLE TO HAVE THE FULL USE OF HIS LEFT SHOULDER AND UNABLE TO USE HIS LEFT ARM.**


PLAINTIFF HAS BEEN SUFFERING AS A CONSEQUENCE OF LACK OF MEDICAL CARE AND PHYSICAL THERAPY, HIS EIGHT AMENDMENT RIGHT HAS BEEN VIOLATED WHEN **Ms. WOODER, WAS HIS PHYSICAL THERAPIST, AND SHE REMOVED HIS RESTRICTION WITHOUT PERMISSION FROM ORTHOPEDIC DOCTOR BRIAN G, WEBB.** AND NOTED THE PUNISHMENT FOR MISSING A MEDICAL APPOINTMENT, THIS BEING EVIDENCE OF A TOTAL DISREGARD FOR INMATE'S HEALTH AND SAFETY.

PLAINTIFF CLAIMS THAT AT REEVES COUNTY DETENTION CENTER COMPLEX WHERE HE IS HOUSED AS A PRISONED IS IN VIOLATION OF HIS DUE PROCESS CLAUSES OF THE FIFTH, EIGHTH, AND FOURTEENTH AMENDMENTS BY NOT PROVIDING AN APPROPRIATE PHYSICIAN AND MEDICAL CARE FOR HIS PAINFUL SHOULDER PROBLEM.

ON APRIL 24, 2012 Mr. ANDRES REYNA MARES, Jr. WAS TAKEN TO TERRANT COUNTY HOSPITAL AND DOCTOR BRIAN G, WEBB. DID THE ROTOR CUFF REPAIR SURGERY, **SEE ATTACHMENT " B B "** Mr. REYNA AS A PLAINTIFF, HAD REQUESTED ALL HIS MEDICAL RECORDS, AND HAS BEEN DENIED BY R.C.D.C. I-II. HE HAS REQUESTED FROM THE HEALTH DEPARTMENT WHICH HAS BEEN DENIED BY THE MEDICAL STAFF. THE ONLY EVIDENCE THAT PLAINTIFF HAS ARE THE COPIES OF THE REQUESTS AND ALL ADMINISTRATIVE REMEDIES HE HAS SENT TO DIFFERENT DEPARTMENTS. NO RESPONSE HAS BEEN RECEIVED FROM THE ASSISTANT WARDEN, THE MEDICAL DEPARTMENT, OR FROM (THE GEO GROUP).

RESPECTFULLY SUBMITTED

DATE 9/30/2014

  
\_\_\_\_\_  
ANDRES REYNA MARES, Jr.  
PRO-SE

**CLAIM FOR DAMAGE,  
INJURY, OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED  
OMB NO.  
1105-0008

1. Submit To Appropriate Federal Agency:

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
PECOS, DIVISION**2. Name, Address of claimant and claimant's personal representative, if any.  
(See Instructions on reverse.) (Number, street, city, State and Zip Code)  
**ANDRES REYNA MARES, JR. # 25048-177  
R.C.D.C. I-II  
P.O. BOX 1560  
PECOS, TEXAS 79772**

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

**12/10/1967**

5. MARITAL STATUS

**MARRIED**

6. DATE AND DAY OF ACCIDENT

**5/1/2011 UNTIL 4/24/2012**

7. TIME (A.M. OR P.M.)

**CONTINUE**

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)

**SEE ATTACHMENT****PAGE # 1****9. PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

**N/A**

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instruction on reverse side.)

**N/A****10. PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

**SEE ATACHMENT****PAGE # 2****11.****WITNESSES**

NAME

ADDRESS (Number, street, city, State, and Zip Code)

12. (See Instructions on reverse)

**AMOUNT OF CLAIM (in dollars)**

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights.)

**\$ 2,000,000****\$ 2,300,000**

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See Instructions on reverse side.)

13b. Phone number of signatory

14. DATE OF CLAIM

**9/30/2014****CIVIL PENALTY FOR PRESENTING  
FRAUDULENT CLAIM**The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States.  
(See 31 U.S.C. 3729.)**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT  
CLAIM OR MAKING FALSE STATEMENTS**

Fine of not more than \$10,000 or Imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

ATTACHMENT " # 8 "  
STANDARD FORM # 95

ANDRES REYNA MARES, JR.  
BOP # 25048-177  
P.O. BOX 1560  
PECOS, TEXAS 79772

PAGE 1 TO 2

THE (GEO GROUP) FACILITY HAS CONTRACTED WITH THE BUREAU OF PRISONS OFFICES TO DETAIN AND HOLD PRISONERS. PLAINTIFF HAS BEEN SUFFERING FROM LEFT SHOULDER PAIN, HIGH BLOOD PRESSURE, CHOLESTEROL, AND DIABETES. PLAINTIFF WAS TRANSFERRED FROM FEDERAL CORRECTIONAL INSTITUTION FOR WORTH MEDICAL FACILITY, AND HED BEEN DENIED ADEQUATE MEDICAL ATTENTION IN REEVES COUNTY DETENTION CENTER. PLAINTIFF ARRIVED AT R.C.D.C. I-II. REQUESTING ATTENTION FOR HIS SHOULDER AND WAS DENIED APPROPRIATE MEDICAL ATTENTION AND HAS BEEN WITHOUT PHYSICAL THERAPY FOR HIS SHOULDER FOR OVER (8) MONTHS, THAT HE WAS GETTING EVERY DAY BEFORE HE GOT TRANSFERRED TO R.C.D.C. PLAINTIFF SENT REQUESTS AND ALL ADMINISTRATIVE REMEDIES TO MEDICA, AND TO THE WARDEN ( SEE ATTACHED ALL REQUESTS FILED BY PLAINTIFF TO DIFFERENT DEPARTMENTS. )

ANDRES REYNA MARES, JR. HAS BEEN EXAMINED AND HAS BEEN DIAGNOSED WITH JOINT ARTHROSIS AND A.C. JOINT SEPARATION.

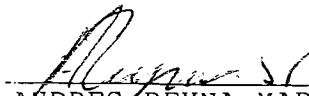
PLAINTIFF NEED MEDICAL ATTENTION, AND HE IS NOT RECEIVING MEDICAL ATTENTION THAT IS VERY IMPORTANT FOR HIS SHOULDER. BECAUSE PLAINTIFF IS UNABLE TO HAVE THE FULL USE OF HIS LEFT SHOULDER AND UNABLE TO USE HIS LEFT ARM. ALL THIS A CONSEQUENCE OF BAD SURGERY THAT DOCTOD WEBB DID ON APRIL 24, 2012.

PLAINTIFF ARRIVED AT THIS FACILITY ON 12/19/2013. WITH THE HISTORY OF LEFT SHOULDER PAIN AND HAVING HAD A SURGERY ON 4/24/2012. WAS SEEN BY THE PHYSICIAN ON 1/11/14. WHO TOOK (X RAYS) WHICH REVEALED JOINT ARTHROSIS AND A.C. JOINT SEPARATION. AND FOR WHICH HE IS NOT RECEIVING THE PROPER MEDICAL ATTENTION. PLAINTIFF HAD WRITTEN SEVERAL TIMES TO THE MEDICAL DEPARTMENT AND IS NOT RECEIVING ANY RESPONSE NOR ATTENTION FOR HIS SHOULDER PAIN PROBLEMS. PLAINTIFF HAD FILED MEDICAL REQUESTS APPROPRIATELY AND STILL BEING DENIED MEDICAL ATTENTION AND THERAPY THAT HE WAS RECEIVING EVERY DAY AT F.C.I. WHICH HE HAS NOT RECEIVED SINCE BEING AT R.C.D.C. FOR OVER (8) MONTHS. MS. WOODER WAS THE PHYSICAL THERAPIST AT FORT WORTH MEDICAL FACILITY ( F.C.I. ).

PLAINTIFF HAVE BEEN INFORMED THAT HE IS SUFFERING FROM PAIN IN HIS SHOULDER, HIGH BLOOD PRESSURE, CHOLESTEROL, AND DIABETES AND ALSO HAVE BEEN INFORMED THAT IS NOT RECEIVING ANY ATTENTION FOR HIS SHOULDER AND HE IS SUFFERING BECAUSE HE IS ON PAIN AND UNABLE TO HAVE HIS FULL USE OF HIS LEFT ARM AND SHOULDER. AS CONSEQUENCE OF HIS MEDICAL NEED IT AND ATTENTION.

PLAINTIFF IS CLAIMS THAT AT R.C.D.C. COMPLEX WHERE HE IS HOUSED AS A PRISONER ARE IN VIOLATION OF HIS DUE PROCESS CLAUSES OF THE FIFTH AND FOURTEENTH AMENDMENTS BY NOT PROVIDING APPROPRIATE MEDICAL CARE FOR PAINFUL SHOULDER PROBLEMS.

ON ABOUT DECEMBER 6, 2013. ANDRES REYNA MARES, JR. WAS TRANSFERRED FROM FORT WORTH MEDICAL FACILITY (F.C.I.). AND ARRIVED TO REEVES COUNTY DETENTION CENTER COMPLEX ON DECEMBER 19, 2013. BEEN HURT AND SUFFERING ON PAIN IN HIS LEFT SHOULDER.

  
ANDRES REYNA MARES, JR.  
PRO-SE

ATTACHMENT " # 10 "  
STANDARD FORM # 95

ANDRES REYNA MARES, JR.  
BOP # 25048-177  
P.O. BOX 1560  
PECOS, TEXAS. 79772.


PAGE 2 TO 2

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PLAINTIFF ALLEGES EMOTIONAL DISTRESS, DAMAGES FOR PSYCHIATRIC TRAUMA AND DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL NEEDS OF PLAINTIFF AND UNNECESSARY AND WANTON INFLICTION OF PAIN AND SUFFERING. MY LEFT ARM AND SHOULDER IS HURTING INTOLERABLY, THE PAIN AND SUFFERING HAS BEEN COMPOUNDED BY THE REEVES COUNTY DETENTION CENTER COMPLEX. MEDICAL FACILITY BEING IGNORING MY MANY COMPLAINTS AND REQUESTS FOR MEDICAL CARE AND MEDICAL ATTENTION ON MY SHOULDER.

RESPECTFULLY SUBMITTED

September/30/2014  
DETE

  
ANDRES REYNA MARES, JR.  
PRO-SE.

CLERK OF THE COURT  
WESTER DISTRICT OF TEXAS  
LUCIUS D. BUNTON III, U.S. COURTHOUSE  
410 SOUTH CEDAR  
PECOS, TEXAS 79772

DEAR: CLERK OF COURTHOUSE

COMES NOW, MY NAME IS ANDRES REYNA MARES, JR. AND I RESPECTFULLY  
SUBMIT THIS TITLE UNDER 42 U.S.C. §1983 CIVIL COMPLAINT.  
FIRST OF ALL I WOULD LIKE TO EXPRESS MY GRADITUDE FOR THIS OPPORTUNITY  
TO RESPECT-FULLY THIS COMPLAINT AS I REQUEST THAT THE COURT HAVE THE  
MENTION NAMES OF THE DEFENDANTS TO BE **SUMMONS BY THE U.S. MARSHALL** IN  
PURSUANT TITLE 28, FED R. OF CIVIL PROCEDURE RULE § 5 AS I THANK THE  
CLERK OF THE COURT IN ANTICIPATION, AS I AWAIT THE COURT SWIFT AND KIND  
RESPOND AND THAT MY CIVIL COMPLAINT WILL BE **GRANTED** WITHOUT PREJUDICE.

9-30-2014  
DATE

Andres Jr  
ANDRES REYNA MARES, JR.  
BOP.# 25048-177  
R.C.D.C. I-II  
P.O. BOX 1560  
PECOS, TEXAS 79772

**ANDRES REYNA MARES, JR.  
BOP. # 25048-177  
P.O. BOX 1560  
PECOS, TEXAS. 79772**

**ATTACHED " B B "  
FROM PAGE (9)**

07/01/2013 14:52:8179219671

(FAX)

P.002/005

**OPERATIVE/PROCEDURE REPORT****ADMIT DATE: 04/24/2012****DATE OF OP/PROC: 04/24/2012****DATE OF SERVICE: April 24, 2012****PREOPERATIVE DIAGNOSES:**

1. Left shoulder instability/dislocations leading to rotator cuff tear.
2. Subacromial impingement.
3. Acromioclavicular joint arthritis.

**POSTOPERATIVE DIAGNOSES:**


1. Left shoulder Bankart tear/instability.
2. Rotator cuff tear, chronic.
3. Subacromial impingement.
4. Acromioclavicular joint arthritis.
5. Significant synovitis in shoulder.
6. Cartilage defect of glenoid.

**PROCEDURES PERFORMED: Left shoulder arthroscopic:**

1. Bankart repair/capsulorrhaphy.
2. Mini-open rotator cuff repair.
3. Arthroscopic subacromial decompression.
4. Arthroscopic distal clavicle excision.
5. Arthroscopic glenohumeral joint debridement.

**RESIDENTS:**

1. Dr. Faustino Kazenske
2. Kevin Luttrell, MD

**STAFF:** Brian Webb, MD, who scrubbed for the case.**ANESTHESIA:** General with a preoperative interscalene block by the anesthesia team.**FINDINGS:** As dictated.**SPECIMEN REMOVED:** None.**ESTIMATED BLOOD LOSS:** Less than 50 mL.**DRAINS:** None.**COMPLICATION:** None.

Dr. C. Eilert, D.O.  
Medical Officer

25048-177

**TARRANT COUNTY HOSPITAL DISTRICT DIAGNOSTIC & NAME: REYNA, ANDRES DOB: 12/10/1967**  
**SURGERY HOSPITAL OF MRN: 36799203 PTN: 30104213175**  
**ARLINGTON**  
**ARLINGTON, TX 76108**  
**OPERATIVE/PROCEDURE REPORT**  
**SERVICE ADS LOCATION:**  
**PHYSICIAN: Brian Garry Webb, MD.**

Page 1 of 4

Page 2 of 4  
 REYNA, ANDRES  
 36799203

**OPERATIVE INDICATIONS:** Andres is a 44-year-old male, dislocated shoulder several months ago, he was seen by me over the Federal Prison Clinic, and we found that he had severe weakness in his left shoulder. A CAT scan had been performed, which showed he had a massive supraspinatus and infraspinatus tendon tear as well as a Bankart tear. The patient did not have as much instability as weakness although he was not even able to get into the position to dislocate his shoulder too much, so after seeing that he was a young 44-year-old guy with this massive rotator cuff tear, the longer we would wait the harder would be to get this repaired. He had a lot of weakness. He has opted to go through with an arthroscopic versus open Bankart repair, rotator cuff repair subacromial decompression, distal clavicle excision, joint debridement, and other indicated procedures. Risks of the procedure including but not limited to, pain, bleeding, infection, damage to adjacent structures, need for more surgery, failure of surgery, continued pain, loss of range of motion/stiffness, blood clots, anesthesia complications, and even death, also risk of not healing, re-tear, continued instability, loss of range of motion/stiffness, arthritis, and no guarantees were given to him that he would be able to get back to his pre-level of activity. He understood all these risks and wished to proceed with surgery and consented.

**OPERATIVE NOTE:** After correct site form was filled out in the preoperative assessment area, the patient was brought back to the operating suite, was placed supine on the table under general anesthesia. He was then placed in the beach chair position with all bony prominences were fully padded. We did a time-out to make sure we were operating the correct limb. He received preoperative antibiotics. We prepped and draped the shoulder in the usual sterile fashion.

Diagnostic arthroscopy was performed making a posterior incision, anterior incision, and lateral incision. Lateral incision was placed in the subacromial space. Anterior incision was placed in the rotator cuff interval.

Glenohumeral joint, severe tons of synovitis throughout the shoulder and extensive debridement was performed removing all this debris. He had a lot of debris down in the axillary recess, which was sucked out. We cleaned up his all the synovitis in his shoulder. He also had a Bankart tear with a flap of articular cartilage that was coming off the anterior inferior part of the glenoid, this was debrided also, this was several areas, so this will be an extensive debridement. The anterior inferior labrum was completely off and the capsule was loose, I felt that we are going to do a rotator cuff repair. We should get the shoulders as stable as possible, so that it does not re-dislocate and tear for rotator cuff repair, so we went ahead and did the capsulorrhaphy/Bankart repair. We freed up the anterior inferior labrum, used a spatula and cleaned that off. A shaver was used again to do the bony to the articular cartilage work. We then used a bur to get bleeding bone on the anterior inferior glenoid. The capsule was freed up and the Arthrex 2-9 push locks were used doing a cinch knot technique and putting in 3 of the cinch knots working our way up grabbing capsule and labrum and putting the labrum and capsule very nicely up onto the face of the glenoid to give us a nice Bankart repair. We worked our way from inferiorly up to superiorly to tighten up the capsule and put this labrum back on. We made a nice bumper when we were completed.

25048-177

TARRANT COUNTY HOSPITAL DISTRICT DIAGNOSTIC & NAME REYNA, ANDRES DOB: 12/10/1967  
 SURGERY HOSPITAL OF MR#: 2 36799203 PTW: 30104213175  
 ARLINGTON  
 ARLINGTON, TX 76108  
 OPERATIVE/PROCEDURE REPORT SERVICE ADS LOCATION:  
 PHYSICIAN: Brian Garry Webb, M.D.

Alert, D.O.  
 and Officer



Page 3 of 4  
 REYNA, ANDRES  
 36799203

The rotator cuff was completely torn and retracted back to the level of the glenoid. The biceps was firmly attached; however, we debrided on the superior labrum where he had some degenerative superior labrum and more glenohumeral joint debridement of that area was performed.

We moved into the subacromial space, tons of debris in the subacromial space, lot of bursal tissue, and very sharp downsloping anterolateral acromion. The ArthroCare wand was brought in to remove the bursal tissue as well as the shaver. The bur was used to remove the anterolateral acromion to do an acromioplasty. The distal clavicle had a lot of AC arthritis and some bone spur, so we did a distal clavicle excision coming in from the anterior portal, taking 8 mm of the distal clavicle from inferior to superior, lot of spurs in that joint that were also removed with loose fragments of bone. We took out the more bursal tissue with a shaver, felt this cuff tear was very retracted involved supraspinatus and infraspinatus and did not think that a good repair could be done through the scope.

A small mini open incision was made over the anterolateral aspect of the acromion. We split the deltoid in the anterior one-third and posterior two-third, dissected down to the subacromial space. The supraspinatus and infraspinatus rotator cuff were retracted a great deal. We had to freed this up using a cob and fraying all of this up. We were then able to put on a stay stitch using the scorpion and FiberWire. We were then able to use a Speed bridge technique with Swivel Locks self or nonself-punching Swivel Locks from Arthrex. We crisscrossed the sutures in the anterior part of the cuff. There was still some posterior part of the cuff that was on covered, so we used a Speed fix technique. A total 5 suture anchors were used. We used not only the fiber tape that was in the Swivel Locks, but also the fiber wire that was in the swivel locks and put in some more stitches to pull down the posterior aspect of the cuff. We actually had a nice very watertight seal of his rotator cuff, it was completely down to the bone. We flushed everything out with saline. We closed the split in the deltoid with #0 Vicryl, subcutaneous 2-0 Vicryl, and then Monocryl in the skin incisions. Sterile dressings including an immobilizer was placed on the shoulder. The patient was awakened and taken back to PACU in stable condition.

POSTOPERATIVE PLAN: We are going to do basic immobilization for 4 weeks, then we will start some passive gentle range of motion at 4 to 8-week mark, and active assist. No strengthening for 3 months, because we did both the Bankart and the rotator cuff repair that is why we are not going to start moving him. He is able to do wrist, elbow, and hand range of motion right away.

Dr. G. Webb, D.O.  
 Tarrant County Hospital

Brian Garry. Webb, M.D.

25048-177

TARRANT COUNTY HOSPITAL DISTRICT DIAGNOSTIC & NAME: REYNA, ANDRES DOB: 12/10/1967  
 SURGERY HOSPITAL OF MR#: 3 36799203 PTW: 30104213175  
 ARLINGTON  
 ARLINGTON, TX 76108  
 OPERATIVE/PROCEDURE REPORT SERVICE: ADS LOCATION:  
 PHYSICIAN: Brian Garry. Webb, M.D.

**Patient Name:** REYNAMARES, ANDRES  
**DOB:** 12/10/67 **SEX:** M  
**Physician:** TUBERA, BUTCH, MD

**MRN:** RA3699047  
**Date of Exam:** 12/12/2011  
**Accession:** 4135634

**Exam:** CT ARTHROGRAM LEFT SHOULDER (73201)  
**Reason:** INMATE #25045177, ROTATOR CUFF, LABRAL TEAR

**Final Report**

**EXAM:** CT ARTHROGRAM LEFT SHOULDER (73201)

**HISTORY:** INMATE #25045177. Left shoulder pain.

**PROCEDURE:** A standard CT of the left shoulder was performed following the intra-articular administration of Omnipaque 350 into the glenohumeral joint. Sagittal and coronal reconstructed images were also obtained.

**COMPARISON:** None.

**FINDINGS:** A 7.5-mm well corticated ossific density is seen 2 cm medial to the inferior aspect of the glenoid. This finding is best visualized on axial image 80 and coronal reconstructed image number 45. This may represent an old avulsion injury. No acute fracture is seen.

Mild acromioclavicular joint osteoarthritis is present. No abnormal anterior or lateral downsloping of the acromion is seen. There is a type II acromion.

There is a full thickness tear involving the supraspinatus and infraspinatus tendons. This tear measures approximately 5 cm in mediolateral width by 4 cm in anterior-posterior diameter. A small to moderate amount of contrast extends through the tear into the subacromial subdeltoid bursa. The supraspinatus and infraspinatus musculotendinous junctions are retracted proximally by several centimeters. The humeral head is positioned with marked narrowing of the acromiohumeral space. Specifically, the top of the humeral head abuts the undersurface of the acromion.

Mild subchondral cyst formation is present within the lateral portion of the humeral head near the greater tuberosity.

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12/12/2011

3:13PM

RDXRPTD

RATC\_DiagnosticDemand.rpt

Rev 1.38

Page 1 of 2

Tarrant County Hospital District

1500 South Main Street  
Fort Worth, Texas 76104

IMAGING SERVICES CONSULTATION

MR#: 000036799203

Name: REYNA, ANDRES

ADM#: 030093065446

DATE OF BIRTH:

DATE OF EXAM: 05/09/2011 13:40

REQUESTING PHYSICIAN: BEEZLEY, JON

Ord#: 00004

Exam: ELBOW LIMITED (LEFT)

\*\*\*\*\*Final Report \*\*\*\*\*

\*\*\*\*\*THIS IS A FINAL REPORT\*\*\*\*\*

DISCUSSION:

PROCEDURE: ELBOW LIMITED (LEFT)

HISTORY: POLICE HOLDING

L

ARM INJ

COMPARISON: none

FINDINGS:

AP and lateral views of the left elbow are submitted. There is a tiny olecranon enthesophyte. There is no fracture or dislocation. The joint spaces are maintained. The soft tissues are within normal limits.

IMPRESSION:

Slight degenerative change at the triceps tendon insertion.

No acute osseus abnormalities.

Interpreting Physician: MICHAEL PETTIT

Reviewing Physician: MICHAEL PETTIT

Transcribed by / Date: PSC / May 9 2011 1:55P

Approved Electronically by / Date: MICHAEL PETTIT / May 9 2011 1:55P

Distribution: PHYSICIAN EMERGENCY

PHYSICIAN EMERGENCY

IMPRESSION:

Slight degenerative change at the triceps tendon insertion.

No acute osseus abnormalities.

~~Interpreting Physician: MICHAEL PETTIT 126383 on May 9 2011 1:55P~~

Transcribed by: PSC

Approved Electronically by: DR. MICHAEL PETTIT on: May 9 2011 1:55P

Tarrant County Hospital District

1500 South Main Street  
Fort Worth, Texas 76104

IMAGING SERVICES CONSULTATION

MR#: 000036799203

Name: REYNA, ANDRES

ADM#: 030093227111

DATE OF BIRTH:

DATE OF EXAM: 05/13/2011 04:13

REQUESTING PHYSICIAN: HORTON, STEPHEN MD

Ord#: 00002

Exam: SHOULDER 2 VIEWS (LEFT)

\*\*\*\*\*Final Report \*\*\*\*\*

\*\*\*\*\*THIS IS A FINAL REPORT\*\*\*\*\*

## DISCUSSION:

CLINICAL HISTORY: ACE BED 13

LT SHOULDER PAIN

## FINDINGS:

AP and scapular Y view of the left shoulder are submitted. Comparison is made with radiographs of the left shoulder the same date at 4:06 a.m. Small oval ossific density is seen overlying the soft tissues laterally adjacent to the mid body of the scapula, inferiorly adjacent the glenohumeral joint. This structure is not significantly changed in size, shape or appearance compared with prior exam and is not confidently appreciated on scapular Y view. Left AC distances 8 mm. Left coracoclavicular distance is normal. No adjacent soft tissue swelling. The bones, joints and soft tissues are unremarkable.

## IMPRESSION:

1. Stable appearance of ossific density inferiorly adjacent to glenohumeral joint. This is of uncertain etiology and could represent an avulsion fracture fragment. Recommend CT scan to further evaluate if clinically indicated.
2. Apparent mild widening of the left AC joint. This is of uncertain etiology and could represent a normal variant. Alternatively this could represent a grade II AC joint injury. Recommend clinical correlation for pain at this site. Comparison with contralateral shoulder may also be helpful in further evaluation.

Interpreting Physician: HAYDEN M JACK

Reviewing Physician: HAYDEN M JACK

Transcribed by / Date: PSC / May 13 2011 9:13A

Approved Electronically by / Date: HAYDEN M JACK / May 13 2011 9:13A

Distribution: PHYSICIAN EMERGENCY

PHYSICIAN EMERGENCY

## IMPRESSION:

1. Stable appearance of ossific density inferiorly adjacent to glenohumeral joint. This is of uncertain etiology and could represent an avulsion fracture fragment. Recommend CT scan to further evaluate if clinically indicated.
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Interpreting Physician: HAYDEN M JACK 133561 on May 13 2011 9:13A

Transcribed by: PSC

Approved Electronically by: DR. HAYDEN M JACK on: May 13 2011 9:13A

ANDRES REYNA MARES, JR.  
BOP. # 25048-177  
REEVES COUNTY DETENTION CENTER (I-II)  
P.O. BOX 1560  
PECOS, TEXAS 79772

SCOTTSMOUTH, MO 64089  
DEC 29 2014

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410 SOUTH CEDAR  
PECOS, TEXAS 79772